

# MISCELLANY

Under this department are ordinarily grouped: News; Medical Economics; Correspondence; Twenty-five Years Ago column; Department of Public Health; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

## NEWS

### Coming Meetings

*American Medical Association*, Atlantic City, New Jersey, June 10-14, 1935. Olin West, M. D., 535 North Dearborn Street, Chicago, Secretary.

*American Urological Association*, San Francisco, June 24-28, 1935. William E. Stevens, M. D., 870 Market Street, San Francisco, Chairman, Committee on Arrangements.

*California Medical Association, Yosemite National Park*, May 13-16, 1935. Frederick C. Warnshuis, M. D., 450 Sutter Street, San Francisco, Secretary.

*Nevada State Medical Association*, Elko, Nevada, October 25-26, 1935. Horace J. Brown, P. O. Box 698, Reno, Secretary.

### Medical Broadcasts\*

*American Medical Association Health Talks*.—The American Medical Association broadcasts on a western network of the Columbia Broadcasting System each Thursday afternoon on the Educational Forum from 4:30 to 4:45, central standard time.

The American Medical Association broadcasts, under the title "Your Health," on a Blue network of the National Broadcasting Company each Tuesday afternoon from 4 to 4:15, central standard time.

*San Francisco County Medical Society*.—The radio broadcast program for the San Francisco County Medical Society for the month of May is as follows: Tuesday, May 7—KJBS, 11:15 a. m., and KFRC, 1:15 p. m. Tuesday, May 14—KJBS, 11:15 a. m., and KFRC, 1:15 p. m. Tuesday, May 21—KJBS, 11:15 a. m., and KFRC, 1:15 p. m. Tuesday, May 28—KJBS, 11:15 a. m., and KFRC, 1:15 p. m.

*Los Angeles County Medical Association*.—The radio broadcast program for the Los Angeles County Medical Association for the month of May is as follows: Saturday, May 4—KFI, 9 a. m. Subject: The New Frontier. Saturday, May 4—KFAC, 10:15 a. m. Subject: Your Doctor and You.

Tuesday, May 7—KECA, 11:15 a. m. Subject: The New Frontier.

Saturday, May 11—KFI, 9 a. m. Subject: The New Frontier.

Saturday, May 11—KFAC, 10:15 a. m. Subject: Your Doctor and You.

Tuesday, May 14—KECA, 11:15 a. m. Subject: The New Frontier.

Saturday, May 18—KFI, 9 a. m. Subject: The New Frontier.

Saturday, May 18—KFAC, 10:15 a. m. Subject: Your Doctor and You.

Tuesday, May 21—KECA, 11:15 a. m. Subject: The New Frontier.

Saturday, May 25—KFI, 9 a. m. Subject: The New Frontier.

Saturday, May 25—KFAC, 10:15 a. m. Subject: Your Doctor and You.

Tuesday, May 28—KECA, 11:15 a. m. Subject: The New Frontier.

\* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

**Economics.**—Social experimentation requires many generations if it is to result in anything of lasting value. Results never appear in the generation which embarked upon experimentation. The great trouble in America is that some of us are trying to bite off in one session of Congress what it has taken Europe fifty years to set in motion.

We are not standpatters. We are willing to try any experiment which looks as though it might be an answer to the modern problem of the care of the sick poor. But it must be a controlled experiment. We must be assured, so far as we can control it, that standards of practice will not be lowered.

Among the interesting points that the operation of federal relief has brought to our attention is the matter of what doctors shall be upon the relief lists. . . .

**Maternity and Child Health Provisions in Federal Security Bill.**—A recent United Press dispatch was as follows:

"The Social Security Bill would make a start toward a national program to safeguard the children of America from economic and physical hazards endangering their happiness.

"The comparatively small appropriation provided for such purposes is designed to force states to adopt certain minimum standards for child aid.

"Under the bill the Federal Government would contribute these amounts to states with plans meeting federal requirements: \$3,800,000 for maternal and child health aid; \$2,850,000 for crippled children aid; \$1,500,000 for child welfare; \$841,000 for vocational rehabilitation.

"According to Katharine Lenroot, chief of the Labor Department's Children's Bureau, the program under the bill 'is in no sense representative of a complete child-welfare or child-health program in this country.' 'The provisions,' she testified before a House committee, 'would only attempt to make universally available throughout the United States certain minimum measures of public protection without which any private effort or any purely local effort is bound to be spotty and to be most inadequate in the places and areas where children are in the greatest need.'

"As the years go by, if the bill is enacted, there are plans for broadening its scope.

"The maternal and child health aid provision is designed 'to promote health of mothers and children, especially in rural areas and areas where there is severe economic distress.' The \$3,800,000 appropriation would be divided among the states partly on the basis of live births and partly according to financial needs. The states also must provide contributions.

"For crippled children the bill sets aside \$2,850,000, divided \$20,000 to each state with an approved plan, and the remainder divided on a basis of the number of crippled children in need of aid.

"The Federal Government also would divide among the states annually \$1,500,000 for adequate services 'to protect and care for homeless, dependent and neglected children.' Each state would receive \$10,000 and a proportionate share of the remainder on the basis of their rural population proportion.

"The bill appropriates \$841,000 for aiding states in vocational rehabilitation of physically disabled youths. "It carries \$8,000,000 for public health work, allotted to states on the basis of population, special health problems, and financial needs. In addition, \$2,000,000 is provided for federal public health service investigations of disease and sanitation, especially in rural areas."

**Scientists Do Advanced Work in California.**—A survey published in the *Princeton Alumni Weekly* indicates that more promising young chemists, mathematicians and physicists—winners of coveted fellowships of the National Research Council—have done their work in California than in any other state.

Thirty-seven products of the graduate school of the University of California and thirty-one holders of higher degrees from the California Institute of Technology have won National Research Council grants in the three physical sciences, the receipt of which, the article points out, "is counted one of the highest honors for a young scientist—and an honor both for the university which trained him and the university to which he goes for his advanced work."

Seventy-nine physical scientists, trained at other universities, have chosen to work, under their grants, at California Institute of Technology and forty at the University of California.

Thus 187 fellowship holders have either been produced in California or have worked in it, a record which surpasses that of any other state. Massachusetts is second with 167.

**Contraceptives and Cancer.**—The American Society for the Control of Cancer has the following to say on this subject:

"With the rapidly extending and increasing use of contraceptive methods come long debated relationships between certain of these methods and the incidence of uterine or vaginal cancer assumes a position of greater importance.

"Two general types of contraceptive procedure are to be considered—the chemical and the mechanical. A third method, namely, that of sterilization can be dismissed with the unfortunate and revealing statement that no body of available data is recorded which enables anyone to state whether sterilized women have less cancer, more cancer or the same amount of cancer as fertile individuals.

"Chemical contraception is based on the spermicidal efficiency of the substance or substances used. The question of the possibility that such methods may allow injured spermatozoa to complete the process of fertilization need not be considered here. The point at issue is the potentiality for setting up chronic irritation which some spermicidal chemicals unquestionably possess. In as much as other available spermicides do not possess this quality, the real need is for information which will enable the layman to distinguish between the irritating and the non-irritating chemicals so that the latter may always be chosen.

"Mechanical contraception relies on a device which will prevent the spermatozoa from entering the uterus and completing the process of fertilization.

"In this case the possibility of irritation is again the question to be considered. Mechanical devices of metal or of other hard substances which may produce trauma or by surface contact irritate the lining of the female reproductive tract should always be avoided.

"Several types of mechanical device made of non-irritating material are in general use. There is no evidence that these have any carcinogenic action whatever.

"It should also be pointed out that abortion, especially that which is self-induced by mechanical means, is fraught with grave dangers.

"The whole matter resolves itself to a simple process of utilizing intelligently what is already known of the relationship between chronic irritation and cancer, to avoid carefully the use of any contraceptive method which involves that unnecessary and dangerous risk. This can be done easily and effectively and should result in making clear to those of the general public who employ contraceptives the fact that no casual relationship between contraception and the incidence of cancer need exist."

**Academy of Physical Medicine.**—The annual meeting will be held June 12 and 13, at the Claridge Hotel, Atlantic City, New Jersey. For further details, address Arthur H. Ring, M. D., secretary-treasurer, Arlington, Massachusetts.

**American Public Health Association.**—The sixty-fourth annual meeting of the American Public Health Association will be held in Milwaukee, Wisconsin, October 7 to 10, 1935. This organization is a society of 4,500 professional public health workers whose annual sessions review developments in health protection and promotion, and outline plans and policies for future advances.

A health exhibit featuring commercial, scientific and educational displays is a feature of the American Public Health Association annual meetings and will be conducted as usual at Milwaukee.

The preliminary program plans include special sessions on The Role of a Health Department in a Program of Social Security, Mental Hygiene, Professional Education, Veterinary Public Health, Diphtheria Immunization, and a session upon the history and achievements of the Association's Committee on Administrative Practice, celebrating its fifteenth anniversary.

The ten sections of the association—Health Officers, Laboratory, Vital Statistics, public Health Engineering, Industrial Hygiene, Food and Nutrition, Child Hygiene, Public Health Education, Public Health Nursing, Epidemiology — will discuss pneumonia, trench mouth, syphilis, measles, outdoor bathing places, scarlet fever, milk sanitation, water sanitation, foods, health education, and many other topics representing the responsibilities of health authorities.

The chairman of the local Committee on Arrangements is Dr. John P. Koehler, Health Officer of Milwaukee. The American Public Health Association at 50 West Fiftieth Street, New York City, will be glad to send program outlines on request.

**Western Branch, American Public Health Association.**—The sixth annual meeting of the Western Branch, American Public Health Association, will be held in Helena, Montana, July 1, 2 and 3. Public health matters of special interest to the West will be discussed, and a program of unusual value is being arranged by Dr. W. F. Cogswell, State Health Officer of Montana, president-elect of the Western Branch, and chairman of the Committee on Meetings and Publications.

Public health problems among western Indians; peculiarities of western water and sewage disposal systems; new plans for public health developments by the Federal Government; latest advances in the control of Rocky Mountain spotted fever, undulant fever, tularemia, silicosis, psittacosis; home nursing of communicable diseases; various aspects of tuberculosis, and modern advances in health education are among the subjects to be discussed. Among the distinguished guests expected are Miss Katherine Lenroot, United States Children's Bureau; Miss Josephine Roche, Third Assistant Secretary of the Treasury; Dr. Thomas R. Crowder, chief surgeon of the Pullman Company; Dr. A. J. Chesley, State Health Officer of Minnesota; Dr. Thomas A. Parran, Health Commissioner of New York; Dr. E. L. Bishop, Medical Director of the Tennessee Valley Authority; Mrs. Helen LaMalle, superintendent of nursing, Metropolitan Life Insurance Company, New York City, and others.

The meeting will be held in conjunction with the annual meeting of the Montana State Medical Association.

For information, address W. P. Shepard, M. D., 600 Stockton Street, San Francisco, secretary.

### Pending Health Legislation Concerning Laboratories

**Senate Bill 21.**—S. B. 21, introduced by Senator Herbert W. Slater and referred to the Committee on Public Health and Quarantine. Under the provisions of this bill it would be unlawful to sell or distribute any serum, vaccine, bacterial culture or virus not produced by laboratories approved by the Bureau of Laboratories of the State Department of Public Health. It requires the State Board of Public Health to make rules and regulations for the production, labeling and storage of serums, vaccines and similar products, except those specifically approved and licensed by the United States Public Health Service. A fee of \$5 for license is required the first of the year which shall be renewable upon the payment of an annual fee of \$2. The bill provides that reasonable charges be made for analyzing and testing the products of the licensee. Licenses may be revoked or suspended for cause. Funds collected under the provisions of the act will be credited to the general fund.

**Senate Bill 98.**—S. B. 98, introduced by Senator Herbert W. Slater and referred to the Committee on Public Health and Quarantine. This bill provides for the licensure of persons who perform diagnostic tests on material from persons who may suffer from infectious or contagious diseases. Licensees must hold certificate as qualified technician issued by the State Board of Public Health. Licensed physicians are exempt from the provisions of the act in so far as it applies to examinations of their own patients. Special examiners may be employed by the board to conduct examinations of technicians, payment to be made to such examiners from fees collected from applicants for examination. A fee of \$5 is required with the application and an annual renewal fee not exceeding \$1 is required. Nonpayment of fee brings cancellation of license. Fees are to be credited to a special fund for the administration of the act. This bill does not license laboratories nor does it in any way restrict the conduct of laboratories, but it does provide for the certification of technicians working in such laboratories in so far as procedures involving communicable disease specimens are concerned. Provision is made that the act shall not become effective before one year after its passage.

**Senate Bill 392.**—S. B. 392, introduced by Senator H. L. Parkman and referred to the Committee on Public Health and Quarantine. This bill relates to the conduct of clinical laboratories and the licensing of technologists and defines a chemical laboratory and technologist. A technologist is defined as any practitioner of the healing arts licensed in California who shall specialize in general clinical laboratory work for at least three years, and any other person who, for a period of more than eight years prior to the enactment of the bill shall have been engaged continuously in the direction of a clinical laboratory in California, as well as other persons who may qualify through examinations conducted under rules and regulations promulgated by the State Board of Public Health.

**Assembly Bill 1943,** introduced by Assemblyman H. B. Scudder and referred to the Committee on Medical and Dental Laws. This bill provides for the certification of laboratory technicians by the State Board of Public Health, but limits those who may conduct laboratories to doctors of medicine. Annual permit fees are fixed at not less than \$5 and not more than \$50 as established by the State Board of Public Health.

**Pure Foods and Drugs Act.**—The press service of the United States Department of Agriculture reports as follows:

"The makers of Kal, Inc., and Bernard Ackerman, shippers of 'Kal,' were fined a total of \$153 at Los Angeles. 'Kal,' a compound of lime, phosphorus, rice by-products, a malt product and cocoa, was labeled with claims of benefit in tooth decay, acidosis, nervous irregularities, rickets, anemia, pyorrhea, glandular disorders, high and low blood pressure, asthma, hay fever and tuberculosis, which claims the government alleged

were false and fraudulent, as an article of such composition could have no appreciable effect against those disease conditions. 'Kal' sold at 65 cents a pound.

"Patent medicines confiscated last month included 'Pyorrhex Chewing Gum,' labeled as a preventive of pyorrhea; 'Poloris Dental Poulitice,' for toothache, abscess, pyorrhea and gingivitis; 'Lucorol' for women; 'Tussamag,' a cough syrup bearing claims for bronchitis, asthma, whooping cough, pneumonia and tuberculosis; 'Ditman's Sea Salt,' an impure rock salt labeled as a treatment for rheumatism and debility; 'Chlorine Respirine,' a mixture of petrolatum with calcium compounds, for bronchitis, laryngitis, whooping cough and influenza; 'Kay's Ointment,' 'Kay's Leg Powder' and 'Kay's Oil,' for leg sores; 'Vaporine Ointment' for coughs, congestion, catarrh and tonsillitis; and 'Antiseptine,' which was found to be not antiseptic, and bore claims of benefit in cases of laryngitis, pharyngitis, tonsillitis, sore throat, rheumatism and dandruff. In all instances, the government alleged that the medicinal claims made for these articles were in excess of their possibilities."

Two men have each been sentenced to two years in a federal penitentiary for conspiracy to violate the Federal Foods and Drugs Act by falsely labeling and selling "Warm Springs Crystal Compound" as coming from the Georgia springs of that name. The "crystals" did not come from that source and were only a simple laxative composed of Glauber's salts, similar in action to Epsom salts. The "crystals" cost only a few cents a pound and were sold for a dollar a pound.

**Pan-American Medical Association.**—Announcement of a floating congress to Brazil and West Indies, July 18 to August 28,\* 1935, is as follows:

The Pan-American Medical Association announces its sixth scientific congress, to be held this coming summer in the form of a cruise to Brazil and the West Indies.

This congress is of interest to all medical men because of its very definite scientific advantages, the opportunity it offers to establish social contacts of lasting value, and its unusual attractions as a vacation voyage, coming at a season of the year when one can most conveniently be away from active practice.

Here are a few brief facts concerning the congress-cruise:

We shall sail from New York on July 18, returning on August 28.

Our ship is the steamship *Columbia*, the largest liner ever to cruise to South America. She offers the utmost in travel comfort and luxury, with the atmosphere of a smart beach club. Social and sports activities on board ship will be varied and delightful.

The itinerary includes Havana, Curacao, Trinidad, Santo Domingo and Jamaica in the West Indies, and Rio de Janeiro, Santos and Sao Paulo in Brazil, where we shall be welcomed with traditional Brazilian hospitality. Comprehensive programs of sightseeing may be enjoyed at all of the ports visited.

The medical activities will be divided into seventeen sections, representing all branches of medicine. The scientific program to be conducted during the voyage on the *Columbia* will consist of twenty-four papers to be presented before each one of these sections. The Brazilian medical profession has arranged scientific sessions at Rio de Janeiro and Sao Paulo with special exhibits at the famous Oswaldo Cruz Institute of Tropical Medicine and at the renowned Sao Paulo University with its Instituto Sero-Therapeutico.

It is the purpose of the congress to blend the best practical medical thought with the cultural influences of international contacts, and at the same time to provide a truly worth while travel experience.

Members of the medical profession, in good standing, are invited to join the congress-cruise with their wives and families. They may also invite a limited number of non-medical friends. All applications for cruise membership must be approved by the Committee on Credentials and Programs.

\* See page 406 regarding change of date.

The officers of this Association have succeeded in obtaining the most reasonable rates possible for the forty-one-day cruise on such a luxurious liner.

Additional information can be obtained from Joseph J. Eller, director general, 745 Fifth Avenue, New York, N. Y., or Charles Pierre Mathé, vice-president, 450 Sutter Street, San Francisco, or Albert Soiland, regional director, 1407 South Hope Street, Los Angeles.

Thomas Cook & Son, Wagons-Lits, Inc., have been appointed official travel agents for the cruise and will handle all reservations, subject to the approval of the Association.

## STATE HEALTH INSURANCE

The San Francisco *Chronicle*, under date of April 12, printed the following story of the State health insurance plan, as provided for in Senate Bill 454:

Establishment of a system of State health insurance for persons with incomes less than \$3,000 annually was recommended to the legislature.

The recommendations followed a study of many months and carried with them the legislation to create a health service fund to be administered by the State.

Creation of a Health Insurance Commission of five members, to be appointed by the Governor, is provided for in a bill by Senators Edward H. Tickle, Carmel; Dan E. Williams, Chinese Flat; and Leonard J. Difani, Riverside. The three Senators, together with Celestine J. Sullivan, LL. D., composed the Senate committee on investigation of the high cost of sickness.

"The Health Service Insurance Act," states the committee report, "we believe is for the public good, based upon incontestable facts, the health rights and needs of the public."

To meet costs of such a system, provisions were made in the bill now before the Senate to set up a "health service fund" from contributions by employers and employees.

In brief, the fund contributions would be as follows:

It would be unlawful for any employer to deduct from the wages of any employee with respect to whom any amount is payable, a sum greater than 3½ per cent of the wage.

Private employers other than to whom certificates of compliance have been issued will pay to the Health Commission an amount equal to 5 per cent of wages paid to his employees. However, credits could be taken by the employer because of deductions for Workman's Compensation Insurance payments and income taxes for application against the 5 per cent levy.

Private employers would deduct 12 cents a day from the wages of casual employees and pay that amount into the State fund without further additional sums contributed by the employer.

State employees, other than casual employees, would pay into the State fund 3½ per cent of their wages. From the general and other funds of the State, the Government would pay another 1½ per cent of the wages of its employees to create a sufficient health insurance fund for them.

Employers maintaining their own health insurance organizations and hospitals would be granted compliance certificates. These employers, however, would be compelled to make payments to set up health insurance funds for the dependents of employees.

More than \$100,000 was expended in the study of health needs in California. All of this money was contributed privately. [Thirty thousand dollars by the California Medical Association and seventy thousand dollars by the SEHA, through the California State Board of Health.] The health survey contacted a total of 20,560 families. Medical facilities within the State were declared to be unevenly divided, and the State was found to have a higher proportion of physicians to the population than any other State in the Union. Hospitals were declared to be suffering from poor financial conditions.

Free choice of physicians, dentists, and hospitals would be permitted those insured. It is estimated that two million persons would be affected by the State system.

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### Points in Senate Plan for Health Service Insurance.\*

A commission of five members serving four years at a salary of \$8,000 is to be appointed by the Governor.

Two members are to be physicians, who shall decide on all professional matters, including standards, service and compensation.

The commission shall appoint a physician as medical director and name his salary upon which no limits are set.

\* Reprinted from *Clearance*, Vol. 1, No. 6, April, 1935.

The commission shall appoint an advisory council of ten members, two of whom shall be representatives of the California Medical Association; the others representing dentists, nurses, hospitals, employers, employees, and agriculture.

The commission is to determine all rates and fees.

The commission is given control over all persons and groups furnishing any kind of benefit health service or any other medical, dental, or hospital service.

The commission may cooperate to improve public health.

The commission's judicial powers relative to the proposed health service are not subject to repeal.

All physicians, dentists, and agencies giving health service must be licensed by the commission.

Benefits would be available to any resident with an income less than \$3,000, to his dependent spouse and minor children, provided he passes a physical examination.

The beneficiary must pay 50 per cent of the first professional visit, and 25 per cent of the first day's hospitalization.

Benefits would be as follows:

Service of physician limited to twenty-six weeks.

Services of laboratories as prescribed by physician.

Tooth extractions. Other therapeutic dental services prescribed by physician.

Prenatal and maternity treatment.

Hospital and nursing care prescribed by physician.

Hospital care limited to 111 days; first twenty-five free, remainder at 15 per cent of cost.

Essential drugs and medicines prescribed by physician.

Employers giving similar service may continue such service under a certificate of compliance issued by the commission.

Premiums are to be directly proportional to the average annual net income. Minimum premium set for income of \$1,000.

Employers must pay premiums equal to 5 per cent of employees' wages.

Employees' share is 3.5 per cent. Employer may lawfully deduct this amount from employees' wages.

Free choice of physician, dentist, and hospital is guaranteed.

Further benefits for a particular sickness are denied any patient refusing to follow treatment prescribed by attending physician.

Employers are held responsible for compliance with all the provisions of the Act.

## CORRESPONDENCE

### Concerning A. B. 2397 (a County Hospital bill).\*

To the Editor:—For your information I am enclosing copy of a letter to Mr. S. L. Heisinger, relative to Assembly Bill No. 2397

Sincerely,

J. C. GEIGER, M. D.

Director of Public Health.

My dear Mr. Heisinger:

Replying to your letter of April 4, may I state that I have read very carefully Assembly Bill No. 2397, and at your request am giving you my impressions of the same.

As I see it, this bill will allow the Board of Supervisors, on a petition of 25 per cent of the registered voters of the county, to establish a system of hospital insurance and would place each county that adopted such a system in the position of caring not only for the indigents of the county, but for those well able to support hospitalization at their own expense. I feel that this is a vicious practice, particularly that portion of the first paragraph which provides that the subscribers may procure special service, private or semi-private rooms, additional or special nursing service for additional payment.

This would clearly establish class in a public hospital maintained by the taxpayers, and I feel that the county has no right to embark on such an activity wherein they

\* For other comments on this bill, see April issue of CALIFORNIA AND WESTERN MEDICINE, page 273.